

10/560791

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | / | | | |
| 2 | 88 | | 1 | | | |
| 3 | 69 | | 1 | | | |
| 4 | | | 1 | | | |
| 5 | | | 1 | | | |
| 6 | | | 1 | | | |
| 7 | | | 1 | | | |
| 8 | | | 1 | | | |
| 9 | | | 1 | | | |
| 10 | | | 1 | | | |
| 11 | | | 1 | | | |
| 12 | | | 1 | | | |
| 13 | | | 1 | | | |
| 14 | | | 1 | | | |
| 15 | | | 1 | | | |
| 16 | | | 1 | | | |
| 17 | | | 1 | | | |
| 18 | | | 1 | | | |
| 19 | | | 1 | | | |
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| 24 | | | 1 | | | |
| 25 | | | 1 | | | |
| 26 | | | 1 | | | |
| 27 | | | 1 | | | |
| 28 | | | 1 | | | |
| 29 | | | 1 | | | |
| 30 | | | 1 | | | |
| 31 | | | 1 | | | |
| 32 | | | 1 | | | |
| 33 | 1 | | 1 | | | |
| 34 | 9 | | 1 | | | |
| 35 | | | 1 | | | |
| 36 | | | 1 | | | |
| 37 | | | 1 | | | |
| 38 | 1 | | 1 | | | |
| 39 | 0 | | 1 | | | |
| 40 | 1 | | 1 | | | |
| 41 | 0 | | 1 | | | |
| 42 | | | 1 | | | |
| 43 | | | 1 | | | |
| 44 | | | 1 | | | |
| 45 | | | 1 | | | |
| 46 | | | 1 | | | |
| 47 | | | 1 | | | |
| 48 | | | 1 | | | |
| 49 | | | 1 | | | |
| 50 | | | 1 | | | |
| TOTAL IND. | | | 5 | | | |
| TOTAL DEP. | | | 59 | | | |
| TOTAL CLAIMS | | | 92 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | | | | | |
| 52 | | | | | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |